

Discharge note

Main diagnosis: Transverse myelitis

Summary of admission

Amanda Smith is a 75 y.o. F

Admitted on the 24/07/23 with 2-3 week history a of gradually ascending altered sensation in her legs with some weakness and instability- described as "jelly" like. No recent trauma or bladder involvement. No diplopia or difficulty swallowing

Flu like symptoms were present 5 weeks ago.

There is also some mild SOB since Easter.

CXR 24/07/23 heart size normal. Lungs clear

CT head 24/07/23

Periventricular small vessel change, involutional changes and global atrophy without any lobar predilection – these are appropriate for the patients age group.

No intracranial haemorrhage or acute segmental infarct. No midline shift, hydrocephalus, or space occupying lesion on non-contrast CT head. Basal cisterns patent. No aggressive bone lesions.

MRI spinal 26/07/23 Long segment of signal change from T4 to the conus – concurrent with transverse myelitis. There is cauda equina compression at L4/L5 – urgent spinal surgical opinion needed.

Discussion with spinal surgery 26/07/23 Likely long-standing symptoms rather than acute findings – not recommended for intervention as of currently

LP 28/07/23

| | |
|--|-------------------|
| Appearance | Clear, colourless |
| Red blood cells x10 ⁶ /L | 3 |
| Polymorphonuclear leucocytes x10 ⁶ /L | 0 |
| Lymphocytes x10 ⁶ /L | 0 |
| CSF bottle number | 2 |

Hospital summary

Mrs Amanda Smith has received 3 doses of IV methylprednisolone 1g with a plan to continue oral tablets in the community

Discharge plan

- 1- Prednisolone 40mg for 1 month – tapering by 10mg per month – then 2.5mg when reached 10mg
- 2- OP MRI head
- 3- Ophthalmology OP for cranial nerve check
- 4- OP follow up with Dr Johnson by end of October

Primary care actions

GP please be aware of this admission, working diagnosis, medications at discharge, and discharge plan

Principal problem

Gullian Barre syndrome

SNOMED CT: Gullian Barre syndrome

Discharge medications

| Medications at discharge | Instruction |
|--|--|
| Amlodipine 10mg tablet | Take ONE tablet once a day |
| Aspirin 75mg gastro-resistant tablet | Take ONE tablet each morning |
| Atorvastatin 10mg tablet | Take ONE tablet each night |
| Bendroflumethiazide 2.5mg tablet | Take ONE tablet each morning |
| Omeprazole 20mg gastro-resistant capsule | Take TWO capsules each morning |
| Prednisolone 5mg tablet | Take EIGHT tablets once a day for 30 doses. Then continue to wean according to your discharge letter. Please obtain further supply from your GP Start on: 19 August 2023 |
| Prednisolone 5mg tablet | Take SIX tablets once a day for 30 doses. Start on: 18 September 2023 |
| Prednisolone 5mg tablet | Take FOUR tablets once a day for 30 doses. Start on: 18 October 2023 |
| Prednisolone 5mg tablet | Take TWO tablets once a day for 30 doses. Start on: 17 November 2023 |
| Prednisolone 1mg tablet | Take SEVEN AND A HALF tablets once a day for 30 doses. Start on: 17 December 2023 |
| Prednisolone 5mg tablet | Take ONE tablets once a day for 30 doses. Start on: 16 January 2023 |
| Prednisolone 1mg tablet | Take TWO AND A HALF tablets once a day for 30 doses. Start on: 15 February 2023 |

Allergies: Atenolol

Past medical history:

Hypertension

Past surgical history

Nil

John Evans, Doctor

Date completed 30/07/23